Image# 14940523156 PAGE 1 / 57

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

_		Office Use Only
1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
Α	merican Society of A	nesthesiologists Political Action Committee
ΑD	DRESS (number and street)	520 N. Northwest Highway
	Check if different than previously reported. (ACC)	Park Ridge   IL   60068   -
2.	FEC IDENTIFICATION N	IMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
	C C00255752	3. IS THIS REPORT X (N) OR AMENDED (A)
4.	TYPE OF REPORT (Choose One)  (a) Quarterly Reports:  April 15 Quarterly Report (Compared to the compared to th	PRE-Election Report for the:  Convention (12C)  Special (12G)  Runoff (12R)  Primary (12P)  General (12G)  Runoff (12R)  Special (12S)
	Year-End Report (\) July 31 Mid-Year Report (Non-election Year Only) (MY)  Termination Report (TER)	(d) 30-Day
5.	Covering Period 0	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
l ce	ertify that I have examined th	s Report and to the best of my knowledge and belief it is true, correct and complete.
Тур	e or Print Name of Treasure	Mr. Thomas Conway
Sig	nature of Treasurer Mr. 1	homas Conway [Electronically Filed] Date 02 20 2014
NO	TE: Submission of false, erron	eous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.
	Office Use	FEC FORM 3X Rev. 12/2004

Γ	FEC <b>Form 3X</b> (Rev. 02/2003)	SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
	/rite or Type Committee Name		
_	American Society of Anesthesiolo	ogists Political Action Committee	
R	eport Covering the Period: From:	01	: 01 / 01 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1,  2014		2060382.15
	(b) Cash on Hand at Beginning of Reporting Period	2060382.15	
	(c) Total Receipts (from Line 19)	98732.58	98732.58
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2159114.73	2159114.73
7.	Total Disbursements (from Line 31)	50851.72	50851.72
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2108263.01	2108263.01
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
	This committee has qualified as a multi	icandidate committee. (see FEC FORM 1M)	
		For further information contact:	
		Federal Election Commission 999 E Street, NW	

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Society of Anesthesiologists Political Action Committee
--

2014
-Date
56809.98
41922.60
98732.58
0.00
0.00
98732.58
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
0.00
98732.58
98732.58

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: — (a) Allocated Federal/Non-Federal		Calondal Tour-to-Date
Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	7 7	
Expenditures	2051.72	2051.72
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b)) ▶	2051.72	2051.72
Transfers to Affiliated/Other Party	0.00	0.00
CommitteesContributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	47000.00	47000.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures	3.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
F		
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other		
Than Political Committees	1800.00	1800.00
(1) 5 (1) 15 1 2 11	0.00	0.00
(b) Political Party Committees(c) Other Political Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
	, , , , , , , , , , , , , , , , , , , ,	
(d) Total Contribution Refunds	1800.00	1000.00
(add Lines 28(a), (b), and (c))▶	1000.00	1800.00
Other Disbursements	0.00	0.00
Other Disbursements	0.00	
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	222
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	50851.72	50851.72
Total Federal Disbursements		, , , , , , , , , , , , , , , , , , , ,
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	50851.72	50851.72

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	98732.58	98732.58
4. Total Contribution Refunds (from Line 28(d))	1800.00	1800.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	96932.58	96932.58
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	2051.72	2051.72
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	2051.72	2051.72

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

$\rangle$	American Society of Anesthesio	logists Political Action Committee	
Α.	Full Name (Last, First, Middle Initial) Seth A. Akst M.D., M.B.		Date of Receipt
	Mailing Address 4609 Norwood Dr		01 31 2014
	City Chevy Chase	State Zip Code MD 20815-5348	Transaction ID : C2636872  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	500.00
	Name of Employer George Washington University	Occupation Physician	
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼  500.00	
В.	Full Name (Last, First, Middle Initial) Christopher Ambroze M.D. Mailing Address 262 Bread and Cheese Hollow	Road	Date of Receipt
	City	State Zip Code	01 29 2014 Transaction ID : C2632591
	Northport	NY 11768-2606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С	250.00
	Name of Employer Self	Occupation Physician Anesthesiologist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
<u> </u>	Full Name (Last, First, Middle Initial)  Jeffrey D. Anderson M.D.		Date of Receipt
	Mailing Address 7000 Forest Dr		01 03 2014
	City Johnston	State Zip Code IA 50131	Transaction ID : C2523016  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Associated Anesthesiologists	Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
s	SUBTOTAL of Receipts This Page (optional)	<u> </u>	1000.00

TOTAL This Period (last page this line number only).....

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for each category of the **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) David Auyong M.D. Date of Receipt Mailing Address 1100 9th Ave MS B2-AN 2014 28 City Zip Code State Transaction ID: C2622235 WA Seattle 98101-2756 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anesthesiologist Virginia Mason Med Ctr Dept Anes Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. William E. Baker M.D. Date of Receipt Mailing Address 4968 Spring Rock Rd 01 30 2014 City State Zip Code Transaction ID: C2636733 Mountain Brk AL 35223 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation UAB Dept. of Anesthesiology Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) C. Stuart K. Bass M.D. Date of Receipt Mailing Address P.O. Box 1447 2014 01 28 City State Zip Code Transaction ID: C2629061 ΑZ Scottsdale 85252 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** VALLEY ANES CONSUL Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify)

2000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

	R LINE	_		:	PAGE	8	OF	57
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Society of Anesthesiologists Political Action Committee

Full Name (Last, First, Middle Initial)  John P. Beacom M.D.	Date of Receipt		
Mailing Address 4442 N Seeley Ave		01 26 2014	
City	Transaction ID : C2616552		
Chicago	IL 60625-1704	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer	Occupation	-	
AMC Anesthesia	anesthesiologist		
Receipt For:	Aggregate Year-to-Date ▼	-	
Primary General Other (specify) ▼	500.00		
Full Name (Last, First, Middle Initial) Chandra N. Beals M.D.		Date of Receipt	
Mailing Address 6025 Paper Shell Way		M = M / D = D / Y = Y = Y	
City	State 7in Code	01 25 2014	
City	State Zip Code TX 76179	Transaction ID : C2616532	
Fort Worth	TX 76179	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	500.00	
Name of Employer	Occupation	-	
Cook Childrens Medical Center	Pediatric anesthesiologist		
Receipt For:	Aggregate Year-to-Date ▼	-	
Primary General	riggiogalo roal lo Dalo (		
Other (specify) ▼	500.00		
Full Name (Last, First, Middle Initial) Angela R. Billue M.D.		Date of Receipt	
Mailing Address PO Box 2934		M = M / D = D / Y = Y = Y	
		01 28 2014	
City	State Zip Code	Transaction ID : C2625919	
Radford	VA 24143-2934	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	250.00	
Name of Employer	Occupation	-	
Anesthesiology Assoc. of Radford	Anesthesiologist		
Receipt For:	Aggregate Year-to-Date ▼	-	
Primary General	Aggregate Teal to Date V		
Other (specify) ▼	250.00		
SUDTOTAL of Descints This Desc (autional)	)	1250.00	

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and or for commercial purposes, other than using t	Statements may not be sold or used by any per he name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  A. Kirk Bodary M.D.  Mailing Address 2070 Risser Rd		Date of Receipt
Maining Address 2070 Rissel Ru		01 14 2014
City	State Zip Code	Transaction ID : C2526755
Canandaigua	NY 14424-8087	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	†
self	anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Terrence D. Bogard M.D.		Date of Receipt
Mailing Address 5020 Knob View Trl		01 22 2014
City	State Zip Code	Transaction ID : C2530783
Winston Salem	NC 27104	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Wake Forest Univ Sch of Med Anes Dept	anesthesiologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Mark V. Boswell M.D., Ph.D	•	Date of Receipt
Mailing Address 530 S Jackson St Rm C2A0		01 25 2014
City	State Zip Code KY 40202-1675	Transaction ID : C2616490
Louisville	KY 40202-1675	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	1
University of Louisville School of Med	physician	_
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional).	•	1750.00
TOTAL This Period (last page this line number	er only)	

### SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 10 OF

ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one)       X     11a     11b     11c     12       13     14     15     16     17						
Any information copied from such Reports and or for commercial purposes, other than using t									
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists P	olitical Action Committe	ee						
Full Name (Last, First, Middle Initial)  A. Gerald K. Brocker M.D.  Mailing Address 1080 McBrien Ln			Date of Receipt						
City Chattanooga	State TN	Zip Code 37419-2643	01 03 2014  Transaction ID : C2523015  Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		1000.00						
Name of Employer  Anesthesiology Consultants Exchange, I  Receipt For:  □ Primary □ General  □ Other (specify) ▼	Anesthesio Aggregate								
Full Name (Last, First, Middle Initial)  B. Michael C. Brown M.D.  Mailing Address 3626 S 334th St			Date of Receipt  O1 25 2014						
City Federal Way	State WA	Zip Code 98001	Transaction ID : C2616515  Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		500.00						
Name of Employer Rainier Anesthesia Assiciates	Occupation physician								

Receipt For:  Primary Gen  Other (specify) ▼		Year-to-Date ▼ 500.00	
C. Full Name (Last, First, Midd Charles Cain M.D., I Mailing Address 622 W 168	М.В. <sup>′</sup>		Date of Receipt  01 11 2014
City	State	Zip Code	Transaction ID : C2526382
New York	NY	10032-3720	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	ng		250.00
Name of Employer	Occupation		_
Columbia University	Physician		
Receipt For:  Primary Gen  Other (specify) ▼		Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1750.00

FOR LINE NUMBER: PAGE 11 OF 57 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Howard I. Chait M.B. Date of Receipt Mailing Address 3031 Danny Hill Dr. 2014 31 City State Zip Code Transaction ID: C2637059 CA Los Angeles 90064 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation self Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Keith J. Chamberlin M.D., M.B. Date of Receipt Mailing Address 540 San Pedro Cove 01 25 2014 City State Zip Code Transaction ID: C2616513 San Rafael CA 94901-1434 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation ACM, Inc. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Colin Clanton M.D. Date of Receipt Mailing Address 605 Morning Grove Dr 2014 01 31 City Zip Code State Transaction ID: C2636903 TN Chattanooga 37421 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation American Anesthesiology of Tennessee Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE (check only one) X 11a 11b 11c

12 OF 57 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Jeffrey M. Clark M.D. Date of Receipt Mailing Address 520 Vernon Dr., S.E. 2014 27 City State Zip Code Transaction ID: C2632582 Cedar Rapids IΑ 52403 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation LINN CTY ANESTH **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Richard D. Colavita M.D. Date of Receipt Mailing Address 94 Annin Rd 01 25 2014 City State Zip Code Transaction ID: C2616540 NJ Far Hills 07931-2501 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Anesthesia Consultants of NJ. LLC physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Daniel F. Davenport M.D. Date of Receipt Mailing Address 2705 Zinfandel Ln 2014 01 28 City Zip Code State Transaction ID: C2622623 TX Arlington 76001 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation JPS Health Network Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify)

1500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 13 OF 57 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Meena S. Desai M.D. Date of Receipt Mailing Address 1501 Mount Pleasant Rd 03 2014 City Zip Code State Transaction ID: C2522900 PΑ Villanova 19085-2112 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Nova Anesthesia Professionals Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Nimesh S. Desai M.D. Date of Receipt Mailing Address 1435 Rosehill Blvd. 01 27 2014 City State Zip Code Transaction ID: C2632580 NY Niskayuna 12309 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation ANETHESHA GROUP OF ALBANY P.C **ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robert A. Desimone M.D. Date of Receipt Mailing Address 7 Ellerhausen Dr. 01 12 2014 City Zip Code State Transaction ID: C2526448 NJ Montville 07045 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation Morris Anesthesia Group Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF (check only one)

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57

12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Shelly H. Dumigan M.D. Date of Receipt Mailing Address 11414 Waters Welling Way 2014 City Zip Code State Transaction ID: C2527365 OK Edmond 73013-0455 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation mcbride orthopedic hospital anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Christopher L. Dunkin M.D. Date of Receipt Mailing Address 8389 Pawnee Ln. 14 01 2014 City State Zip Code Transaction ID: C2526922 CO Longmont 80503-7279 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Colorado Permanente Medical Group Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Richard B. Elf M.D. Date of Receipt Mailing Address 3131 NE 188th St Apt 1609 2014 01 14 City Zip Code State Transaction ID: C2526721 FL Aventura 33180-2767 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Pediatric Anesthesiologist Sheridan Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

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	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  Jerry L. Epps M.D.  Mailing Address 1422 Kensington Dr  City  Knoxville  FEC ID number of contributing federal political committee.  Name of Employer  University of Tennessee Medical Center  Receipt For:  Primary  General  Other (specify)	State Zip Code TN 37922-6038  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M / 29 2014  Transaction ID: C2622636  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  William Feaster M.D.  Mailing Address 507 Ocean Avenue  City Seal Beah  FEC ID number of contributing federal political committee.  Name of Employer Childrens Hospital Orange County  Receipt For:  Primary General Other (specify)	State Zip Code CA 90740  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  O1 12 2014  Transaction ID: C2526400  Amount of Each Receipt this Period  83.34
Full Name (Last, First, Middle Initial)  William Feaster M.D.  Mailing Address 507 Ocean Avenue  City Seal Beah  FEC ID number of contributing federal political committee.  Name of Employer Childrens Hospital Orange County  Receipt For:  Primary General Other (specify)	State Zip Code CA 90740  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  15 2014  Transaction ID: C2527523  Amount of Each Receipt this Period  83.30
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	666.64
TOTAL This Period (last page this line number	only)	

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**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) William Feaster M.D. Date of Receipt Mailing Address 507 Ocean Avenue 2014 27 City State Zip Code Transaction ID: C2621429 CA Seal Beah 90740 Amount of Each Receipt this Period FEC ID number of contributing 83.34 federal political committee. Name of Employer Occupation Childrens Hospital Orange County anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 249.98 Other (specify) Full Name (Last, First, Middle Initial) B. Brian R. Felix M.D. Date of Receipt Mailing Address Greater Houston Anesthesiology 2411 Fountainview, #200 01 28 2014 City State Zip Code Transaction ID: C2629062 TX Houston 77057 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation **GREATER HOUSTON ANES ANESTHESIOLOGIST** Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Andrew M. Fischer M.D. Date of Receipt Mailing Address 5026 Lauderdale Ave. 28 2014 01 Zip Code State Transaction ID: C2622628 Virginia Beach VA 23455 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Atlantic Anesthesia Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1333.34 SUBTOTAL of Receipts This Page (optional).....

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NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	<b>.</b>				
Full Name (Last, First, Middle Initial)  Michael S. Fitzpatrick M.D.	Michael S. Fitzpatrick M.D.					
Mailing Address 1928 Apple Blossom Dr		01 18 2014				
City Floyds Knobs	State Zip Code IN 47119-9025	Transaction ID : C2529483				
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period  250.00				
Name of Employer  One Anesthesia, PLLC  Receipt For:  Primary General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00					
Full Name (Last, First, Middle Initial) Wayne M. Fong MD M.D.  Mailing Address 630 FIRST AVENUE	Date of Receipt					
#27-H City NEW YORK	State Zip Code NY 10016-3798	Transaction ID : C2527380  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	250.00				
Name of Employer Park Slope Anesthesia Associates, P.C.	Occupation MEDICAL DOCTOR					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00					
Full Name (Last, First, Middle Initial) C. Orville R. Foster M.D.		Date of Receipt				
Mailing Address 3557 Cappio Dr		01 03 2014				
City Melbourne	State Zip Code FL 32940-1317	Transaction ID : C2522923  Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	500.00				
Name of Employer CENTRA BREVARD ANESTHESIOLOGY	Occupation PHYSICIAN					
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00					
SUBTOTAL of Receipts This Page (optional)		1000.00				
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for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) James M. Frankland M.D. Date of Receipt Mailing Address 3640 Mossy Creek Ln 30 2014 City Zip Code State Transaction ID: C2632686 FL Tallahassee 32311-3638 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Assoc. of Tallahassee Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Marc D. Freeman M.D. Date of Receipt Mailing Address 502 Mill Rd 01 01 2014 City State Zip Code Transaction ID: C2521869 Hatfield PA 19440-1231 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Grand View Anesthesia Associates Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Bradley J. Gawey M.D. Date of Receipt Mailing Address 611 N.W. 15th St. 01 23 2014 City Zip Code State Transaction ID: C2534363 OK Oklahoma City 73103-2103 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation NWA PC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Mark A. Gilbert M.D. Date of Receipt Mailing Address 2594 Bronco Ct 25 2014 City State Zip Code Transaction ID: C2616520 OR 97068-2203 West Linn Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Kaiser Permanente physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. James E. Goeke M.D. Date of Receipt Mailing Address 707 SW Washington St., Suite 700 01 25 2014 City State Zip Code Transaction ID: C2616534 Portland OR 97205 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee.

Name of Employer  Oregon Anesthesiology Group  Receipt For:  □ Primary □ General  Other (specify) ▼	Occupation physician  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  C. William K. Goglin Jr., M.D.  Mailing Address 2119 cortelyou rd		Date of Receipt  O1 25 2014
City	State Zip Code	Transaction ID : C2616522
Charlotte	NC 28211	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	250.00
Name of Employer	Occupation	
Northeast Anesthesia	anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
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for each category of the **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Ryan B. Green M.D., Ph.D Date of Receipt Mailing Address 3621 Shukla Ct 2014 City Zip Code State Transaction ID: C2529737 CA Walnut Creek 94598 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Medical Anesthesia Consultants Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. John A. Hamel M.D. Date of Receipt Mailing Address 9633 Old Spring Road 01 2014 01 City State Zip Code Transaction ID: C2521870 MD Kensington 20895 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Meridian Anesthesia Practice, LLC Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Maurice M. Hart M.D. Date of Receipt Mailing Address Medical Center Anes. 2014 01 27 411 Laurel, #3170 City State Zip Code Transaction ID: C2632584 IΑ Des Moines 50314 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **ANESTHESIOLOGIST** MED CTR ANESTH Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional).....

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	Statements may not be sold or used by any pers he name and address of any political committee to			
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee			
Full Name (Last, First, Middle Initial)  1. Joy L. Hawkins M.D.				
Mailing Address 12631 E 17th Ave, MS 8203		01 01 2014		
City Aurora	State         Zip Code           CO         80045-2527	Transaction ID : C2521872  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	500.00		
Name of Employer  University of Colorado School of Medic  Receipt For:  Primary General  Other (specify) ▼	Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00			
Full Name (Last, First, Middle Initial)  Heath D. Higgins M.D.  Mailing Address 12125 Cardinal Ln		Date of Receipt		
City Edmond	State Zip Code OK 73013-8609	01 09 2014  Transaction ID : C2526271  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С	250.00		
Name of Employer Northwest Anesthesia	Occupation Anesthesiologist			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00			
Full Name (Last, First, Middle Initial)  C. Bradley J. Hindman M.D.		Date of Receipt		
Mailing Address 200 Hawkins Dr 6 JCP Dept. of Anesthesia		01 14 2014		
City Iowa City	State Zip Code IA 52242	Transaction ID : C2527356  Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C	500.00		
Name of Employer University of Iowa Hospitals & Clinics	Occupation  ANESTHESIOLOGIST			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00			
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NAME OF COMMITTEE (In Full) American Society of Anesth	esiologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  A. Michael W. Hoger D.O.		Date of Receipt
Mailing Address 6003 Macon Ct SE		01 26 2014
City	State Zip Code	Transaction ID : C2616592
Huntsville	AL 35802-1931	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	_
Comprehensive Anesthesia Services	anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial) <b>B.</b> Andy Hollenshead M.D.		Date of Receipt
Mailing Address 3300 Oak Lawn Ave Ste	200	01 25 _2014 _
City	State Zip Code	Transaction ID : C2616539
Dallas	TX 75219-4265	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Metropolitan Anesthesiology Consulants	Occupation  Anesthesiologist	1
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  C. Dag Holmsen M.D.		Date of Receipt
Mailing Address 73 Oxen Dr		01 26 _ 2014 _
City	State Zip Code	Transaction ID : C2616574
Oakland	ME 04963-4654	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	+
Kennebec Anesthesia Associates	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Larry A. Hopkins M.D. Date of Receipt Mailing Address 16353 Valhalla Drive 2014 25 City State Zip Code Transaction ID: C2616545 IN Noblesville 46060 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation AnesthesiaConsultants of Indianapolis Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Hobson W. Hornbuckle Jr., M.D. Date of Receipt Mailing Address 490 Harrison Rd 01 15 2014 City State Zip Code Transaction ID: C2527899 SC Roebuck 29376 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation spartanburg regional physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mark E. Hudson M.D. Date of Receipt Mailing Address 36 Little Mingo Rd. 2014 01 28 City State Zip Code Transaction ID: C2629050 PΑ Finleyville 15332-3715 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation University of Pittsburgh Physicians Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 1250.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full)  American Society of Anesthesi	iologists Political Action Committee	)
Full Name (Last, First, Middle Initial)  Ryan Hulver D.O.  Mailing Address 3719 S Atlanta PI  City Tulsa  FEC ID number of contributing federal political committee.  Name of Employer  Hillcrest Medical Center Anesthesia  Receipt For:  Primary General Other (specify)	State Zip Code OK 74105-3526  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Anthony Iarussi M.D.  Mailing Address 6619 Stableford Dr  City  Loveland  FEC ID number of contributing federal political committee.  Name of Employer  Anesthesia Group Practice Bethesda Nor  Receipt For:  Primary  General  Other (specify)	State Zip Code OH 45140  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial)  Bradley L. Johnson M.D.  Mailing Address 5250 Killdeer PI  City Rockford  FEC ID number of contributing federal political committee.  Name of Employer Rockford Memorial Hospital Receipt For:  Primary General Other (specify)	State Zip Code IL 61114-7082  C  Occupation Physician - Anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  O1 23 2014  Transaction ID : C2534446  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1250.00
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25 OF 57 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Paul M. Johnston M.D. Date of Receipt Mailing Address 51270 Park Place Dr 2014 City Zip Code State Transaction ID: C2529736 Northville MI 48167-9112 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Long Lake Anesthesiology Consultants Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rushton M. Jones M.D. Date of Receipt Mailing Address 1 Shire Cir 2014 01 06 City State Zip Code Transaction ID: C2524177 East Greenbush NY 12061 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Albany Med Ctr Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Bhanu V. Kanakamedala M.D. Date of Receipt Mailing Address 230 Twin Bridges Cv 2014 01 28 City Zip Code State Transaction ID: C2632178 TN Eads 38028-8024 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Metropolitan Anesthesia Alliance Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Thomas M. Kennedy M.D.  Mailing Address 60 N. Helderberg Pkwy.		Date of Receipt
walling Address of N. Helderberg PKWy.		01 27 2014
City	State Zip Code	Transaction ID : C2632581
Slingerlands	NY 12159-9705	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	-
ANETHESHA GROUP OF ALBANY P.C	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. James G. Klamik M.D.		Date of Receipt
Mailing Address 1225 Orchard Ln.		01 28 2014
City	State Zip Code	Transaction ID : C2622231
Elm Grove	WI 53122	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	1
James G Klamik MDSC	Anesthesiologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  C. Heidi M. Koenig M.D.	•	Date of Receipt
Mailing Address 507 Ridgewood Road		01 25 2014
City	State Zip Code KY 40207-1324	Transaction ID : C2616550
Louisville	KY 40207-1324	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
University of Louisville	Physician Anesthesiologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
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NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committee	
Full Name (Last, First, Middle Initial)  A. Adam Kovac M.D.  Mailing Address, 1147 W Ohio St Ste 305		Date of Receipt
Mailing Address 1147 W Ohio St Ste 305		01 26 2014
City	State Zip Code	Transaction ID : C2616573
Chicago	IL 60642-6488	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Midwest Anesthesiology Associates	Pediatric Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Martin J. Kungl M.D.		Date of Receipt
Mailing Address 1250 Emerald Creek Dr	7.0.1	01 15 2014
City  Proof iou Life	State Zip Code OH 44147-2575	Transaction ID : C2527537
Broadview Hts	OH 44147-2575	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
OAG	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Michael J. Lalich M.D.		Date of Receipt
Mailing Address 1501 S. Lake George Dr.		01 14 2014
City Mishawaka	State Zip Code IN 46545-4068	Transaction ID : C2527369
	40343-4000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
St. Joseph Valley Anesthesia	anesthesiologist	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional)		1500.00
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28 OF 57 Use separate schedule(s) for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Robert B. Leitch D.M.D. Date of Receipt Mailing Address 2417 Medford Court East 2014 28 City Zip Code State Transaction ID: C2632177 TX Fort Worth 76109 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation **UTSW** Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Cindy L. Leland M.D. Date of Receipt Mailing Address 4901 Knollwood Ct 01 2014 14 City State Zip Code Transaction ID: C2527370 IN Valparaiso 46383-0843 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Porter County Anesthesia, Valparaiso, I Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Wai K. Leung M.D. Date of Receipt Mailing Address 1711 Mich Court 2014 01 27 City State Zip Code Transaction ID: C2616607 CA Yuba City 95993 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Wa Kwong Leung, MD, Inc Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 750.00 SUBTOTAL of Receipts This Page (optional).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Charles B. Levine M.D. Date of Receipt Mailing Address 755 Oakwood Dr. 2014 26 City Zip Code State Transaction ID : C2616575 PΑ Red Lion 17356-9093 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesia Associates of York, PA Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Eryn A. Levis M.D. Date of Receipt Mailing Address 222 Kilpatrick Ave 01 23 2014 City State Zip Code Transaction ID: C2534444 IL Wilmette 60091-2933 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Childrens Memorial Hospital, Anesthesi Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. David E. Lind M.D. Date of Receipt Mailing Address 148 57th Ct. 01 24 2014 State Zip Code Transaction ID: C2616489 IA West Des Moines 50266 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation medical center anesthesiologists anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) George Liu M.D. Date of Receipt Mailing Address 338 Spear St Unit 5B 2014 City Zip Code State Transaction ID: C2632589 CA San Francisco 94105-6168 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Medical Anesthesia Consultants Physician anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Roger R. Loven M.D. Date of Receipt Mailing Address 925 English Oak Drive 01 31 2014 City State Zip Code Transaction ID: C2637048 ND **Bismarck** 58501 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation St. Alexius Heart and Lung Clinic Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Philip E. Lund M.D. Date of Receipt Mailing Address 5441 SW View Point Terrace 01 29 2014 City Zip Code State Transaction ID: C2632193 OR Portland 97239-3965 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation **NW Permanente Medical Group** Cardiac Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any personne name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  Kathleen A. MacNaughton M.D.  Mailing Address 3524 W 97th PI		Date of Receipt
0.1	77. 6. 1	01 23 2014
City Leawood	State Zip Code KS 66206-2223	Transaction ID : C2534239
FEC ID number of contributing		Amount of Each Receipt this Period
federal political committee.	C	500.00
Name of Employer	Occupation	1
University of Kansas Department of Ane	Anesthesiologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Randall J. Malchow B.S., M.D.		Date of Receipt
Mailing Address 9137 Concord Hunt Cir		01 14 2014
City	State Zip Code	Transaction ID : C2527359
Brentwood	TN 37027-8762	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Vanderbilt University Med	ANESTHESIOLOGIST	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Julius Mapalad M.D.		Date of Receipt
Mailing Address 8418 N College Ave		01 27 2014
City Indianapolis	State Zip Code IN 46240-2262	Transaction ID : C2622175
<u>'</u>	40240-2202	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Southeast Anesthesia	Physician	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		1250.00
TOTAL This Period (last page this line number	er only)	

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**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Keith A. May M.D. Date of Receipt Mailing Address 1107 Thornehill Dr 2014 26 City State Zip Code Transaction ID: C2616605 SC Anderson 29621-1574 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Anderson Anesthesia Consultants Doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. John E. McCall M.D. Date of Receipt Mailing Address 3229 Burnet Ave Shriners Hosp. For Children 01 2014 31 City Zip Code State Transaction ID: C2636904 OH Cincinnati 45229-3018 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Univ of Cincinnati physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Samuel T. McIlrath M.D. Date of Receipt Mailing Address 1933 Hickory Glen Rd 30 2014 01 City Zip Code State Transaction ID: C2636696 TN Knoxville 37932-1953 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee.

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500.00

Occupation

Anesthesiologist

Aggregate Year-to-Date ▼

Name of Employer

Primary

Other (specify)

Receipt For:

American Anesthesiology of Tennessee

General

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Jacob B. Miller M.D. Date of Receipt Mailing Address 6645 Edgevale Rd 2014 City Zip Code State Transaction ID: C2527376 MO Kansas City 64113-2341 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation st. lukes east anesthesia anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Chander S. Mishra M.D. Date of Receipt Mailing Address 217 Mill Xing W 01 28 2014 City State Zip Code Transaction ID: C2632186 TX Colleyville 76034-3661 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Northstar Anes PA **PHYSICIAN** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Jason S. Mitchell M.D. Date of Receipt Mailing Address 1748 Primrose Lane 2014 01 25 City State Zip Code Transaction ID: C2616491 IL Glenview 60026-7766 Amount of Each Receipt this Period FEC ID number of contributing 500.00 С federal political committee. Name of Employer Occupation northshore university healthsystem physician Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

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FEC Schedule A (Form 3X) Rev. 02/2003

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57 Use separate schedule(s) for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) George Momany M.D. Date of Receipt Mailing Address 101 W 8th Ave Main OR 2014 28 City Zip Code State Transaction ID: C2622214 WA Spokane 99204-2307 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation **PHYSICIAN** Providence Medical Group Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Kimberly L. Mooney M.D. Date of Receipt Mailing Address 1414 Fawn Hvn 01 31 2014 City State Zip Code Transaction ID: C2636905 TX San Antonio 78248-1767 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Platinum Corporation Anesthesiology Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Robert R. Morrison M.D. Date of Receipt Mailing Address 5801 Spinnaker Pointe 2014 01 07 City Zip Code State Transaction ID: C2524211 MO Parkville 64152-6102 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Ad Vivum Anesthesiology, P.C. Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	9
Full Name (Last, First, Middle Initial)  Ajay Nath M.D.  Mailing Address 23 Barclay Ct.  City  Somerset  FEC ID number of contributing federal political committee.  Name of Employer  Anesthesia Consultants of New Jersey  Receipt For:  Primary  General  Other (specify)	State Zip Code NJ 08873  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  O1 07 2014  Transaction ID : C2524390  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  Stephen W. Noltner M.D.  Mailing Address N21W24805 Still River Dr  City Pewaukee  FEC ID number of contributing federal political committee.  Name of Employer Aurora  Receipt For: Primary General Other (specify)	State Zip Code WI 53072-8507  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  O1 14 2014  Transaction ID : C2527352  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Michael J. Noud M.D.  Mailing Address Kalispell Regional Medical C 310 Sunnyview Lane  City Kalispell  FEC ID number of contributing federal political committee.  Name of Employer northern rockies anesthesia consultant  Receipt For:  Primary General Other (specify)	State Zip Code MT 59901  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1250.00
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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) John J. Olson M.D. Date of Receipt Mailing Address 1808 Yahara PI 2014 25 City Zip Code State Transaction ID: C2616544 WI Madison 53704-5557 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Madison Anesthesiology Consultants Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Brian S. Pallohusky M.D. Date of Receipt Mailing Address 4600 E Berkeley St 01 28 2014 City State Zip Code Transaction ID: C2622626 MO Springfield 65809-3528 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Mercy Hospital Springfield Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Todd H. Patterson D.O. Date of Receipt Mailing Address 1439 Wedgewood Ave 2014 01 31 City State Zip Code Transaction ID: C2645463 IL Des Plaines 60018-1315 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Lutheran General Hospital Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 2500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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Any information copied from such Reports and S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) American Society of Anesthesic	ologists Political Action Committ	ee
Full Name (Last, First, Middle Initial)  A. Alfonso E. Pino M.D.  Mailing Address 17511 Woods Edge Dr		Date of Receipt
City	State Zip Code	01 25 2014 Transaction ID : C2616516
Dallas	TX 75287-7544	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Alfonso E Pino III MD PA	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	1000.00	
Full Name (Last, First, Middle Initial)  3. James F. Piontek M.D.		Date of Receipt
Mailing Address 1495 Hemlock Ct		01 28 2014
City Liberty	State Zip Code MO 64068-3724	Transaction ID : C2625988
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Self-employed	Occupation ANESTHESIOLOGIST	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  C. Hugh M. Pratt M.D.		Date of Receipt
Mailing Address 124 Point Fosdick Circle, NW		01 25 2014
City Gig Harbor	State Zip Code WA 98335-7818	Transaction ID : C2616537  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Rainier Anesthesia Assoc.  Receipt For:	Anesthesiologist	
Primary General	Aggregate Year-to-Date ▼	,
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	)	1750.00
TOTAL This Period (last page this line number	only)	

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NAME OF COMMITTEE (In Full) American Society of Anesthes	siologists Political Action Committe	ee
Full Name (Last, First, Middle Initial) Thomas G. Provost D.O.  Mailing Address 15 Hastings Ave  City Keene  FEC ID number of contributing federal political committee.  Name of Employer Cheshire Anesthesia Associates Receipt For:  Primary General Other (specify)	State Zip Code NH 03431-5204  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  O1 21 2014  Transaction ID : C2530698  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Peter E. Qualey M.D.  Mailing Address 5739 Wilshire Dr.  City  Madison  FEC ID number of contributing federal political committee.  Name of Employer  Madison Anesthesiology Consultants  Receipt For:  Primary General  Other (specify)   Other (specify)	State Zip Code WI 53711-6405  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Carl S. Ramsey M.D.  Mailing Address 2328 Rue Maison  City Biloxi  FEC ID number of contributing federal political committee.  Name of Employer  Memorial Hospital of Gulfport  Receipt For:  Primary General Other (specify)	State Zip Code MS 39532-3242  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  O1 29 2014  Transaction ID : C2622872  Amount of Each Receipt this Period  1000.00
SUBTOTAL of Receipts This Page (optional).		1500.00
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for each category of the **Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Elizabeth Rebello M.D. Date of Receipt Mailing Address 4800 Welford Dr 09 2014 City Zip Code State Transaction ID: C2524953 TX 77401-5334 Bellaire Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Anesthesiologist MD Anderson Cancer Center Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Scott Reeves M.D., M.B. Date of Receipt Mailing Address Musc Dept of Anesthesia 167 Ashley Avenue, Suite 301 01 20 2014 City State Zip Code Transaction ID: C2529742 Charleston SC 29425-0001 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation Medical University of South Carolina Doctor Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gary M. Richman M.D. Date of Receipt Mailing Address 19109 Streamside Ct. 2014 01 19 City State Zip Code Transaction ID: C2529604 FL Boca Raton 33498-6230 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Name of Employer Occupation Physician Orthopedic Center of Palm Beach Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify)

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Any information copied from such Reports a or for commercial purposes, other than using	nd Statements may not be sold or used by any per- g the name and address of any political committee to	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthe	esiologists Political Action Committe	e
Full Name (Last, First, Middle Initial) Richard L. Richter M.D.  Mailing Address 222 S. Herlong Ave.  City Rock Hill  FEC ID number of contributing federal political committee.  Name of Employer Anesthesia Associates of Rock Hill, PA  Receipt For: Primary General Other (specify)	State Zip Code SC 29732  C  Occupation Physician Anesthesiologist  Aggregate Year-to-Date ▼  500.00	Date of Receipt  O1 25 2014  Transaction ID : C2616518  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)  David P. Ritter M.D.  Mailing Address 6234 NW 23rd Ter  City  Boca Raton  FEC ID number of contributing federal political committee.  Name of Employer  American Anesthesiology  Receipt For:  Primary General Other (specify)	State Zip Code FL 33496-3615  C  Occupation physician  Aggregate Year-to-Date ▼  500.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Philip A. Rojas M.D.  Mailing Address 1755 Kirby Pky, Suite #33  City Memphis  FEC ID number of contributing federal political committee.  Name of Employer Medical Anesthesia Group  Receipt For: Primary General Other (specify)	State Zip Code TN 38120-4398  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  O1
SUBTOTAL of Receipts This Page (optional	1)	1250.00
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NAME OF COMMITTEE (In Full)		
American Society of Anesthesiol	ogists Political Action Committee	
Full Name (Last, First, Middle Initial)  James R. Rowbottom M.D.  Mailing Address Aposthosis Department		Date of Receipt
Mailing Address Anesthesia Department 11100 Euclid Ave		01 28 2014
City	State Zip Code	Transaction ID : C2632195
Cleveland	OH 44106-1716	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
University Hospitals Case Medical Cent	Vice Chair of Clincal Directors Assoc	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Deborah A. Rusy M.D.		Date of Receipt
Mailing Address 412 Farwell Dr		01 14 _2014 _
City	State Zip Code	01 14 2014 Transaction ID : C2527319
Madison	WI 53704-6026	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Univ of WI Medical Foundation Dept of	Anesthesiologist	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  250.00	
Full Name (Last, First, Middle Initial)  Donald R. Santella M.D.		Date of Receipt
Mailing Address 113 Queen Anne Dr.		01 27 2014
City	State Zip Code	Transaction ID : C2632579
Slingerlands	NY 12159-9384	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
ANETHESHA GROUP OF ALBANY P.C. Dept.	ANESTHESIOLOGIST	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)		750.00
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Stephen F. Scharf M.D. Date of Receipt Mailing Address 103 Lee Cir 2014 28 City State Zip Code Transaction ID: C2632189 VA Lynchburg 24503-1336 Amount of Each Receipt this Period FEC ID number of contributing C 250.00 federal political committee. Name of Employer Occupation Anesthesiologist Lynchburg Anesthesia Associates Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Steven Schwalbe M.D., M.En Date of Receipt Mailing Address Anesthesia Department 7901 Broadway # E2-69 01 2014 14 City State Zip Code Transaction ID: C2526836 **Elmhurst** NY 11373-1329 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Elmhurst Hospital Center Anesthesiologist Receipt For:

	Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
c.	Full Name (Last, First, Middle Initial) Torin D. Shear M.D.		Date of Receipt
	Mailing Address 2650 Ridge Ave  Dept of Anesthesia  City	State Zip Code	01 21 2014  Transaction ID: C2530736
	Evanston	IL 60201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	250.00
	Name of Employer	Occupation	
	Northshore University Health Systems	Anesthesiologist	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Jeffrey Silverstein M.D. Date of Receipt Mailing Address 1619 3rd Ave Apt 16G 2014 28 City Zip Code State Transaction ID: C2622186 NY New York 10128-3464 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Icahn School of Medicine physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Ranjan B. Singh M.D. Date of Receipt Mailing Address 5228 S Berkeley Ave. 01 05 2014 City State Zip Code Transaction ID: C2523065 IL Chicago 60615-3061 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation CONTINENTAL ANESTHESIA Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Vanila M. Singh M.D. Date of Receipt Mailing Address 300 Pasteur Dr # H-3580 2014 01 24 City Zip Code State Transaction ID: C2616488 CA Palo Alto 94305-2200 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 С federal political committee. Name of Employer Occupation Stanford Univ. Medical Center Dept of anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

#### SCHEDULE A (FEC Form 3X) IT

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EMIZED RECEIPTS	for each category of the Detailed Summary Page	`	ck only 11a 13	e) 11b 14	11c 15	12 16	17
ny information copied from such Reports and Statements may for commercial purposes, other than using the name and a	, , , ,				_		

A OI NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Mark D. Snyder M.D. Date of Receipt Mailing Address Box 3521 25 2014 City State Zip Code Transaction ID: C2616514 KS Salina 67402 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Anesthesia Associates of Central KS physician Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Don E. Sokolik M.D. Date of Receipt Mailing Address 2757 Kinsington Circle 01 2014 14 City State Zip Code Transaction ID: C2527355 FL Weston 33332 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Sheridan Healthcare Inc physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Gregory M. Somerville M.D. Date of Receipt Mailing Address 6208 Devils Hollow Rd. 09 2014 01 City State Zip Code Transaction ID: C2526272 IN Fort Wayne 46814-9401 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Associated Anesthesiologists of Fort W Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 250.00 1500.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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Detailed Summary Page	X 11a	11b	11c	12	
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Any information copied from such Reports a or for commercial purposes, other than usin	and Statements may not be sold or used by any per g the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesth	esiologists Political Action Committe	e
Full Name (Last, First, Middle Initial)  Marion E. Starks M.D.  Mailing Address 3000 Blackburn St Apt 10	001	Date of Receipt
		01 28 2014
City Dallas	State Zip Code TX 75204-2207	Transaction ID : C2632500
FEC ID number of contributing		Amount of Each Receipt this Period  500.00
federal political committee.	C	300.00
Name of Employer	Occupation	+
Anesthesia Resources for Children	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Donald C. Stogsdill M.D.		Date of Receipt
Mailing Address 2569 Turning Leaf Ln.		01 15 2014
City	State Zip Code	Transaction ID : C2527893
Carmel	IN 46032	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
St. Vincent Medical Group	Anesthesiologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  . Raymond U. Tapnio M.D.	ı	Date of Receipt
Mailing Address 5272 Arapaho Way		01 21 2014
City	State Zip Code	Transaction ID : C2530708
Carmel	IN 46033-8845	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	1
Southeast Anesthesiologists	anesthesiologist	
Receipt For:    Primary   General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
SUBTOTAL of Receipts This Page (optional	al)	1500.00
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## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 46 OF

TEMIZED RECEIPTS	for each category of the  Detailed Summary Page	X   11a
Any information copied from such Reports and Sta or for commercial purposes, other than using the r	atements may not be sold or used by any pename and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesiol	ogists Political Action Committe	ee
Full Name (Last, First, Middle Initial)  Jeana G. Tarziers M.D.  Mailing Address P.O. Box 1025  City Fairhope  FEC ID number of contributing federal political committee.  Name of Employer Eastern Shore Anesthesia Receipt For:  Primary  Other (specify)   General	State Zip Code AL 36533  C  Occupation  Anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  01 03 2014  Transaction ID : C2522901  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Elton S. Thayer M.D.  Mailing Address 4628 E. Ocotillo Rd.  City  Paradise Valley  FEC ID number of contributing federal political committee.  Name of Employer Valley Anes. Consult  Receipt For:  Primary  Other (specify)   General	State Zip Code AZ 85253  C  Occupation  ANESTHESIOLOGIST  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  101 28 2014  Transaction ID: C2632181  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial) Hugh K. Thomson M.D.  Mailing Address 3703 Drummond St  City Houston  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For:  Primary General Other (specify)	State Zip Code TX 77025-2417  C  Occupation anesthesiologist  Aggregate Year-to-Date ▼	Date of Receipt  01 25 2014  Transaction ID: C2616547  Amount of Each Receipt this Period  250.00
SUBTOTAL of Receipts This Page (optional)	•	1500.00
TOTAL This Period (last page this line number or	nly)	

Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)  American Society of Anesthes	siologists Political Action Committee	e
Full Name (Last, First, Middle Initial)  Jeffrey C. Thue M.D.  Mailing Address 120 33rd Street		Date of Receipt
		01 28 2014
City	State Zip Code	Transaction ID : C2622230
Manhattan Beach	CA 90266	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Ambulatory Anesthesia Associates	anesthesiologist	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  3. Joseph D. Tricarico M.D.		Date of Receipt
Mailing Address 2150 Glenview Ln NE		01 12 2014
City	State Zip Code MN 55906-8398	Transaction ID : C2526452
Rochester	MN 55906-8398	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
Olmsted Medical Center	Anesthesiologist	
Receipt For:  Primary  General	Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  C. Glenn R. Turco D.O.		Date of Receipt
Mailing Address 2240 Vincent Dr		01 21 2014
City Brookfield	State Zip Code WI 53045-1808	Transaction ID : C2530720  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Self	Anesthesiology	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify)	500.00	
SUBTOTAL of Receipts This Page (optional).	····	1250.00
TOTAL This Period (last page this line numb	er only)	

#### SCHEDULE A (FEC Form 3X) IT

FOR LINE NUMBER: PAGE 48 OF

EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	`	ck only 11a 13	one) 11b 14	11c	12 16	17
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or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee Full Name (Last, First, Middle Initial) Michael A. Walter M.D. Date of Receipt Mailing Address 55 Lagunita Dr. 25 2014 City State Zip Code Transaction ID: C2616535 CA Laguna Beach 92651-4237 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 federal political committee. Name of Employer Occupation Newport Harbor Anesethesia Consultants anessthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) **B.** Ronggang Wang M.D. Date of Receipt Mailing Address 7849 W Rolling Field Dr 01 2014 26 City State Zip Code Transaction ID: C2616606 WI Mequon 53097 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Aurora Health Care Anesthesiologist Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Margaret R. Weglinski M.D. Date of Receipt Mailing Address Department of Anesthesiology 2014 01 17 200 1st St. SW City State Zip Code Transaction ID: C2528957 MN Rochester 55905-0001 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Physician Mayo Clinic College of Medicine Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 1500.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	To Harrie and address of any political committee	to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthesi	ologists Political Action Committee	e
Full Name (Last, First, Middle Initial) Blake E. Wendelburg M.D., Ph.D  Mailing Address 7326 Oakview		Date of Receipt
		01 18 2014
City Shawnee	State Zip Code KS 66216	Transaction ID : C2529482
	100 00210	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	1
Midwest Anesthesia Associates	Physician	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼  500.00	
Other (specify) ▼	300.00	
Full Name (Last, First, Middle Initial)  John S. Whittington M.D.		Date of Receipt
Mailing Address 23 Circle Dr NE	7.6	01 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Albuquerque	State Zip Code NM 87122-2109	Transaction ID : C2621439
FEC ID number of contributing federal political committee.	C 87122-2109	Amount of Each Receipt this Period  250.00
Name of Employer Anes. Assoc. of New Mexico, P.C.	Occupation Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	+
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  Charles A. Wideburg M.D.	1	Date of Rescint
Mailing Address 3627 Long Furrow Rd.		Date of Receipt  O1 21 2014
City	State Zip Code	Transaction ID : C2530593
Franksville	WI 53126-9463	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	+
Great Lakes Anesthesia	anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
SURTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1000.00

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Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be sold or used by any persone name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Society of Anesthes	iologists Political Action Committee	e
Full Name (Last, First, Middle Initial) Adrienne Y. Williams M.D.  Mailing Address 4128 W Stonewater Dr  City Peoria  FEC ID number of contributing federal political committee.  Name of Employer Midwest Anesthesia Consultants  Receipt For:  Primary General Other (specify)	State Zip Code IL 61615-8852  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  510.00	Date of Receipt  O1 28 2014  Transaction ID: C2622622  Amount of Each Receipt this Period  510.00
Full Name (Last, First, Middle Initial)  James H. Williams M.D.  Mailing Address N2201 UNC Hospitals, Campopet of Anesthesiology  City  Chapel Hill  FEC ID number of contributing federal political committee.  Name of Employer  University of North Carolina Hospitals  Receipt For:  Primary  General  Other (specify)	pus Box 70  State Zip Code NC 27599-7010  C  Occupation Anesthesiologist  Aggregate Year-to-Date ▼  250.00	Date of Receipt  O1
Full Name (Last, First, Middle Initial)  Mark C. Zemanick M.D.  Mailing Address PO Box 18119  City Pittsburgh  FEC ID number of contributing federal political committee.  Name of Employer  Jefferson Regional Medical Center  Receipt For:  Primary General Other (specify)	State Zip Code PA 15236-0119  C  Occupation Physician  Aggregate Year-to-Date ▼  250.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1010.00
TOTAL This Period (last page this line numbe	r only)	56809.98

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S	CHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 51 OF 57						57		
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	for commercial purposes, other than using the name												
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/	American Society of Anesthesiolog	ists Political Action	Cor	mmi	ιτee								
_	Full Name (Last, First, Middle Initial)					_							
Α.	First Data					Date o			_				
	Mailing Address P.O. Box 6600					0 <u>1</u>	/	3		/ Y	2014	Y	
	City	State Zip Code							_	. =			
	. lage. etc	MD 21741				Tran	sact	ion ID	: D'	153770			
	Purpose of Disbursement Credit Card Merchant Fees			003		Amour	nt of	Each	Disl	ourseme	ent this	Peric	od
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	Office Sought: House Disbursen	nent For: 2014		Туре				7		7			
		Primary General											
		Other (specify) ▼	-11										
_	State: District: Full Name (Last, First, Middle Initial)	Credit Card Merc	cnant										
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	Mailing Address					_	4	-	-			_	
	City State Zip Code												
	Purpose of Disbursement												
	·				Ш	Amour	nt of	Each	Disl	ourseme	ent this	Perio	od
	Candidate Name			tegor	y/								П
	Office Sought: House Disbursem	nent For:		Type				,		7			
	Senate	Primary General											
	President State: District:	Other (specify) ▼											
_	Full Name (Last, First, Middle Initial)												
C.	, a					Date of	of Di	sburse	mer	nt			
	Matthew Address					M II N	/	D	D	/ Y	Y	Υ	
	Mailing Address					_	1		-			-	
	City	State Zip Code											
	Purpose of Disbursement			_	_								
						Amour	nt of	Each	Disl	ourseme	ent this	Perio	od
	Candidate Name		Category/ Type							П			
	Office Sought: House Disbursen	nent For:		Турс			_	7		7			
		Primary General											
	State: District:	Other (specify) ▼											
Г	District.					_	-		_	_	_		_
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SCHEDULE B (FEC Form 3X)		. FOR LINE	NUMBER: PAGE 52 OF 57
ITEMIZED DISBURSEMENTS	Use separate schedule for each category of th Detailed Summary Pag	(check only	
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NAME OF COMMITTEE (In Full)			
American Society of Anesthesiolog	gists Political Actio	on Committee	
Full Name (Last, First, Middle Initial)			
A. CMR Political Action Committee			Date of Disbursement
Mailing Address PO BOX 248			01 08 2014
City	State Zip Code		Transaction ID : D151395
Springfield	VA 22152		Transaction is . 5101000
Purpose of Disbursement 2014 Contribution		011	Amount of Each Disbursement this Period
Candidate Name  Cathy McMorris Rodgers		Category/ Type	2500.00
	ment For: 2014  Primary Genera  Other (specify) ▼		
State: WA District: 05	2014 Contrib	oution	
Full Name (Last, First, Middle Initial)			
B. DEMOCRATIC CONGRESSIONA	L CAMPAIGN CO	MMITTEE	Date of Disbursement
Mailing Address 430 SOUTH CAPITOL STREET, 2ND FLOOR	SE		01 29 2014
City Washington	State Zip Code DC 20003		Transaction ID : D153594
Purpose of Disbursement 2014 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Senate	ment For: 2014  Primary Genera  Other (specify)   2014 Contril		
Full Name (Last, First, Middle Initial)	2014 Contril	DULIOIT	
C. Friends of David Jolly			Date of Disbursement
Mailing Address P.O. Box 1158			01 22 2014
City Pinellas Park	State Zip Code FL 33782		Transaction ID : D151778
Purpose of Disbursement 2014 Special General Contribution		011	Amount of Each Disbursement this Period
Candidate Name			Amount of Each Dispursement this Period
David Jolly		Category/ Type	5000.00
Senate President	ment For: 2014  Primary Genera  Other (specify)		
State: FL District: 13	Special Ger	neral	
SUBTOTAL of Disbursements This Page (optional).		·····•	12500.00
TOTAL This Period (last page this line number only	<i>(</i> )		
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SCHEDULE B (FEC Form 3X)		, FOR LINE	
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NAME OF COMMITTEE (In Full)	The and address of any pon	iliour committee te	o delicit continuations from such confinitees.
American Society of Anesthesiology	gists Political Action	n Committee	1
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Full Name (Last, First, Middle Initial)	DECCIONAL COM		Date of Disbursement
A. NATIONAL REPUBLICAN CONGI	RESSIONAL COM	MILLEE	M M / D D / Y Y Y Y
Mailing Address 320 FIRST STREET SE			01 15 2014
City	State Zip Code		Transaction ID : D153795
Washington	DC 20003		Transaction iD . D153795
Purpose of Disbursement 2014 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Senate	ment For: 2014 Primary General	Туре	
State: President X	Other (specify) ▼  2014 Contribution	ution	
Full Name (Last, First, Middle Initial)	ZU14 CUNTIBL	utiOH	
3- NATIONAL REPUBLICAN CONG	RESSIONAL COM	MITTEE	Date of Disbursement
Mailing Address 320 FIRST STREET SE			01 15 2014
,	State Zip Code DC 20003		Transaction ID : D153796
Washington Purpose of Disbursement	DC 20003		
2014 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	5000.00
Senate President	ment For: 2014 Primary General Other (specify)		
State: District:	2014 Contrib	ution	
Full Name (Last, First, Middle Initial)  National Republican Senatorial Co	ommittee		Date of Disbursement
Mailing Address 425 Second St. NE			01 29 2014
Washington	State Zip Code DC 20002		Transaction ID : D153596
Purpose of Disbursement 2014 Contribution			
Candidate Name		011 Category/	Amount of Each Disbursement this Period
		Type	5000.00
Office Sought:  House Senate President  Disburse	ement For: 2014  Primary General  Other (specify)		
State: District:	2014 Contribu	ution	
SUBTOTAL of Disbursements This Page (optional)		······	15000.00
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Detailed Summary Page 27 28 28 28 28 28 28 28 28 28 28 28 28 28	ITEMIZED DISBURSEMENTS		(check only	one)								
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions of for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  American Society of Anesthesiologists Political Action Committee  Full Name (Last, First, Middle Initial)  A. BLUMENAUER FOR CONGRESS  Mailing Address 830 NE Holladay, #105  City State Zip Code OR 97232  Purpose of Disbursement 2014 Primary Contribution  Candidate Name Rep. Earl Blumenauer  Office Sought: House Share Primary General Primary General Primary General Contribution  Candidate Name CA 94011  State: OR District: 03  Full Name (Last, First, Middle Initial)  B. JACKIE SPEIER FOR CONGRESS  Mailing Address Post Office Box 112  City State: Zip Code Sught: Primary General Contribution  Candidate Name CA 94011  Category/ Type  Office Sought: House Sanate Primary General Contribution  Candidate Name Category Type  Office Sought: Primary General Contribution  Candidate Name Category Type  Office Sought: Sanate Primary General Category Type  Office Sought: Primary General Primary												
Ame of Commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.  NAME OF COMMITTEE (in Full)  American Society of Anesthesiologists Political Action Committee  Full Name (Last, First, Middle Initial)  A. BLUMENAUER FOR CONGRESS  Meiling Address 330 NE Holladay, #105  City State Zip Code Portland OR 97232  Purpose of Disbursement One 97232  Purpose of Disbursement Price 2014  Primary Contribution  Candidate Name  Rep. Earl Blumenauer  Office Sought: House President Other (specify) ▼  Full Name (Last, First, Middle Initial)  B. JACKIE SPEIER FOR CONGRESS  Mailing Address Post Office Box 112  City State Zip Code Candidate Name  Rep. Jackie Speier  Office Sought: House President Other (specify) ▼  Full Name (Last, First, Middle Initial)  Senate President State: Candidate Name  Rep. Jackie Speier  City State: Candidate Name  Rep. Jackie Speier  Office Sought: House President Other (specify) ▼  Full Name (Last, First, Middle Initial)  Candidate Name  Rep. Jo Bonner  Office Sought: House President State: Candidate Name  Rep. Jo Bonner  Office Sought: House President State: Candidate Name  Rep. Jo Bonner  Office Sought: House President State: Candidate Name  Rep. Jo Bonner  Office Sought: House President State: Candidate Name  Rep. Jo Bonner  Office Sought: House President Void of 2/13 check  Substortal of Disbursement this Period Category/ Type  Office Sought: House President Void of 2/13 check  Substortal of Disbursement this Period Category/ Type  Office Sought: House President Void of 2/13 check  Substortal of Disbursement This Page (optional)	[	<u> </u>										
NAME OF COMMITTEE (In Full) American Society of Anesthesiologists Political Action Committee  Full Name (Last, First, Middle Initial) A BLUMENAUER FOR CONGRESS  Mailing Address 830 NE Holladay, #105  City Portland OR 97232 Purpose of Disbursement 2014 Prinary Contribution Candidate Name Rep. Earl Blumenauer Office Sought: House Sanate Prisadent State: CA Disbursement CA 94011 Purpose of Disbursement CA 94011 Category/Type  Date of Disbursement Category/Type  Transaction ID: D151777  Amount of Each Disbursement Date of Disbursement CA 94011  Transaction ID: D151777  Amount of Each Disbursement Date of Disbursement CA 94011  Transaction ID: D151777  Amount of Each Disbursement Date of Disbursement Category/Type  Transaction ID: D151501  Amount of Each Disbursement Disbursement Category/Type  Transaction ID: D151501  Amount of Each Disbursement Disbursement Category/Type  Transaction ID: D151501  Date of Disbursement Disb												
American Society of Anesthesiologists Political Action Committee  Full Name (Last, First, Middle Initial)  A. BLUMENAUER FOR CONGRESS  Mailing Address 830 NE Holladay, #105  City State Zip Code Portland OR 97232  Purpose of Disbursement OR 97232  Purpose of Disbursement United Order (Specify)    Full Name (Last, First, Middle Initial)  B. JACKIE SPEIER FOR CONGRESS  Mailing Address Post Office Box 112  City State Zip Code General President State: CA District: 03  Full Name (Last, First, Middle Initial)  B. Jackie Speier Office Sought: House Candidate Name Rep. Jackie Speier Office Sought: President Senate President State: CA District: 12  Full Name (Last, First, Middle Initial)  Senate President Senate President State: CA District: 12  Full Name (Last, First, Middle Initial)  Senate President Senate President Other (specify)    Full Name (Last, First, Middle Initial)  Senate President Senate President Other (specify)    Full Name (Last, First, Middle Initial)  Candidate Name Category Type Other (specify)    Full Name (Last, First, Middle Initial)  Candidate Name President Senate President Senate President Void of 2/13 check  Candidate Name President President State: AL District: 01  City State Zip Code AL 36685  Furpose of Disbursement Por: 2014  Senate President Senate President Premary General President State: AL District: 01  City State Zip Code AL 36685  Transaction ID: D151596  Amount of Each Disbursement This Period Category Type Office Sought: President Premary General Premary General Premary Category Type Office Sought: President Premary General Premary General Premary General Premary Category Type Office Sought: President Premary General Pre												
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